

**STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE
137 STATE HOUSE STATION, 161 CAPITOL STREET
AUGUSTA, MAINE 04333-0137
MARCH 9, 2010 MEETING
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**State of Maine
Board of Licensure in Medicine
137 State House Station, 161 Capitol Street
Augusta, Maine 04333-0137
Minutes of March 9, 2010**

BOARD MEMBERS PRESENT

Sheridan R. Oldham, M.D.
Gary R. Hatfield, M.D., Board Secretary
Cheryl D. Clukey
George K. Dreher, M.D.
David H. Dumont, M.D.
Maroulla Gleaton, M.D.
Bettsanne Holmes
David D. Jones, M.D.
David Nyberg, Ph.D.

BOARD STAFF PRESENT

Randal C. Manning, Executive Director
Mark C. Cooper, M.D.
Dan Sprague, Assistant Executive Director
Jean M. Greenwood, Board Coordinator
Tim Terranova, Consumer Assistant
Maria MacDonald, Board Investigator

ATTORNEY GENERAL'S OFFICE

Dennis Smith, Assistant Attorney General
Detective Peter Lizanecz

The Board meets in public session with the exception of the times listed below, which are held in executive session. Executive sessions are held to consider matters which, under statute, are confidential (1 M.R.S.A. §405) and 10 M.R.S.A. §8003-B, and 22 M.R.S.A. § 1711-C.) The Board moved, seconded, and voted the following executive session times. During the public session portions of the meeting actions are taken on all matters discussed during executive session. Discussions are projected on a screen by POWERPoint projection.

PUBLIC SESSIONS

9:00 a.m. – 9:04 a.m.
10:14 a.m. – 10:15 a.m.
10:19 a.m. – 10:22 a.m.
11:05 a.m. – 11:06 a.m.
11:14 a.m. – 11:15 a.m.
12:27 p.m. – 12:28 p.m.
1:01 p.m. – 1:49 p.m.
1:59 p.m. – 2:00 p.m.
2:57 p.m. – 4:38 p.m.

PURPOSE

Call to order.
Public Session
Public Session
Public Session
Public Session
Public Session
Public Session - MPHP Annual Report
Public Session
Public Session

EXECUTIVE SESSION

9:04 a.m. – 10:14 a.m.
10:22 a.m. – 11:05 a.m.
11:15 a.m. – 12:27 p.m.
2:00 p.m. – 2:57 p.m.

Informal Conferences
Progress Reports
Informal Conferences
New Complaints and Assessment and Direction

RECESS

10:15 a.m. – 10:19 a.m.
11:06 a.m. – 11:14 a.m.
12:28 p.m. – 1:01 p.m.
1:49 p.m. – 1:59 p.m.

Recess
Recess
Noon Recess
Recess

I. CALL TO ORDER: Dr. Oldham called the public meeting to order at 9:00 a.m.

A. AMENDMENTS TO AGENDA:

III. New Complaints (26) CR 10-040 was amended off the agenda.

B. SCHEDULED AGENDA ITEMS:

9:00 a.m. V. INFORMAL CONFERENCE(S)

A. CR 09-341

B. CR 09-361

11:00 a.m. V. INFORMAL CONFERENCE(S)

C. CR 09-231

D. CR 09-178

12:15 p.m. NOON MEAL

1:00 p.m. VII. NEW BUSINESS

A. Annual report of the Medical Professionals Health

EXECUTIVE SESSION

II. PROGRESS REPORTS

1. CR 09-009 SHARON MARBLE, M.D.

Dr. Dreher moved to dismiss, with a letter of guidance to be retained in the file for ten years, the Board complaint against Sharon Marble, M.D. (CR 09-009). Dr. Gleaton seconded the motion, which passed unanimously.

Dr Marble posted misguided comments on a website regarding experimentation with a legal hallucinogen, and ways to avoid being apprehended with street drugs. During this same period, Dr. Marble was also engaging in harm reduction practices with incarcerated patients, which could be interpreted as aiding their substance abuse. A through investigation of these episodes suggests an immature and naive basis for her behavior and lack of regard for potential harm to her employer and the medical profession. However, there is no indication that her substance use or advice harmed anyone and her peers generally have a high regard for her work.

The Board expects Dr. Marble to exercise much better judgment in the future and to obtain clearance from her supervisors for any controversial treatment options.

2. CR 09-307

Dr. Hatfield moved to order an Informal Conference in the matter of CR 09-307. Dr. Dumont seconded the motion, which passed 7-0-0-2 with Dr. Dreher and Ms. Holmes recused.

3. CR 09-348

Dr. Dumont moved to dismiss CR 09-348. Dr. Hatfield seconded the motion, which passed 7-0-0-2 with Dr. Dreher and Ms. Holmes recused.

This is a complicated case in which the patient's daughter alleges the physician failed to diagnose her mother's lung cancer and communicated poorly with the family. Review of the records indicates that the patient was followed very closely by the physician and had timely appointments and appropriate testing for myriad medical issues and illnesses. Several family members were involved in caring for the patient and this may have created less than ideal circumstances in the sharing of medical information with the family. It appears that calls were answered in a timely and appropriate fashion. During the course of these evaluations the patient sustained a fall at home and had a femur fracture. At the time of admission to the hospital for this a chest x-ray was obtained that was thought to be abnormal and was different from the one obtained by the primary care provider 6 weeks earlier. The physician did not receive a copy of this x-ray report but did receive a note indicating there was an abnormality and that the woman was being admitted to the orthopedic service and would obtain a medical consult. The physician acknowledges he received this record but felt that the medical issues would be addressed during the hospital stay. He received no subsequent information relating to the chest x-ray and the issue was not addressed in the discharge summary or in any subsequent records with no specific recommendations being made for any pulmonary follow-up. The physician only saw the patient one time after these events and this was for an unrelated problem and he was unaware that the previous abnormalities had not been addressed. This case reflects poor communication on the part of the hospital where the patient had her fracture treated but the physician in question was not involved in her care there and should not be held responsible for the actions of others.

4. CR 09-374 JAMES P. WHITE, M.D.

Dr. Jones moved to dismiss, with a letter of guidance, the complaint against James P. White, M.D. (CR 09-374). Dr. Gleaton seconded the motion which passed 8-1.

The Board recognizes that Dr White and his staff have now reviewed Blue Hill Orthopedic Department's policies on phone calls. It appears that this policy was already in place at the time of the complaint, but not understood or utilized.

The Board requests that Dr White's office post this policy for patients to read and that the physicians and staff of Blue Hill Orthopedics review this policy yearly.

5. CR 09-441

Dr. Dumont moved to order an Informal Conference in the matter of CR 09-441. Dr. Nyberg seconded the motion, which passed unanimously.

6. CR 09-172

A. Dr. Jones moved to dismiss CR 09-172. Dr. Hatfield seconded the motion, which passed 8-0-0-1 with Dr. Dreher recused.

The Board has not found that the complaint against the physician rises to a letter of guidance or discipline.

The physician is strongly urged to fully inform and educate patients in his practice on all procedures, their risks and benefits, and their costs. This activity needs to be individualized to the patient.

B. CR 10-144

Dr. Jones moved to issue a Board complaint, alleging unprofessional conduct regarding documentation, failure to obtain informed consent and apparently inadequate medical workups with no clear re-evaluation of the patient (CR 10-144). Dr. Nyberg seconded the motion, which passed 8-0-0-1 with Dr. Dreher recused.

7. CR 08-118

Dr. Dreher moved to table CR 08-118. Dr. Dumont seconded the motion, which passed unanimously.

8. CR 09-210 MAHMOUD Y. HINDI, M.D.

Dr. Nyberg moved to order an Adjudicatory Hearing in the matter of Mahmoud Y. Hindi, M.D. (CR 09-210). Ms. Holmes seconded the motion, which passed unanimously.

9. CR 09-459 BRUCE R. CASSIDY, M.D.

Dr. Gleaton moved to dismiss, with a letter of guidance, the complaint filed against Bruce R. Cassidy, M.D. (CR 09-459). Dr. Hatfield seconded the motion, which passed unanimously.

A complaint was made to the Board of Licensure in Medicine that four members of an ophthalmology group violated regulations of the FDA/FTC regarding LASIK advertising. Specifically, they indicated patients would be able to achieve clear vision after the surgery so they would not need to use glasses or contact lenses. There was no evidence given for this nor was there any information regarding indications, risks or limitations. The Board had concerns about the ethics of promotional programs that offer financial incentives to future patients and that potentially pressure existing patients for generating referrals. The physicians have appropriately indicated they will cease their advertising/promotional program. The Board concurs that this is the correct decision.

The letter of guidance will state that the Board considers it unethical for physicians to pressure existing, or future patients to generate referrals. This practice could undermine the physician patient relationship.

10. CR 09-460 JORDAN E. STERRER, M.D.

Dr. Gleaton moved to dismiss, with a letter of guidance, the complaint filed against Jordan E. Sterrer, M.D. (CR 09-460). Dr. Hatfield seconded the motion, which passed unanimously.

A complaint was made to the Board of Licensure in Medicine that four members of an ophthalmology group violated regulations of the FDA/FTC regarding LASIK advertising. Specifically, they indicated patients would be able to achieve clear vision after the surgery so they would not need to use glasses or contact lenses. There was no evidence given for this nor was there any information regarding indications, risks or limitations. The Board had concerns about the ethics of promotional programs that offer financial incentives to future patients and pressure existing patients for generating referrals. The practicing physicians have appropriately indicated they will cease their advertising/promotional program. The Board concurs that this is the correct decision.

The letter of guidance will state that the Board considers it unethical for physicians to pressure existing, or future patients to generate referrals. This practice could undermine the physician patient relationship.

11. CR 09-461 ELIZABETH SERRAGE, M.D.

Dr. Gleaton moved to dismiss, with a letter of guidance, the complaint filed against Elizabeth Serrage, M.D. (CR 09-461). Dr. Hatfield seconded the motion, which passed unanimously.

A complaint was made to the Board of Licensure in Medicine that four members of an ophthalmology group violated regulations of the FDA/FTC regarding LASIK advertising. Specifically, they indicated patients would be able to achieve clear vision after the surgery so they would not need to use glasses or contact lenses. There was no evidence given for this nor was there any information regarding indications, risks or limitations. The Board had concerns about the ethics of promotional programs that offer financial incentives to future patients and pressure existing patients for generating referrals. The practicing physicians have appropriately indicated they will cease their advertising/promotional program. The Board concurs that this is the correct decision.

The letter of guidance will state that the Board considers it unethical for physicians to pressure existing, or future patients to generate referrals. This practice could undermine the physician patient relationship.

12. CR 09-462 WILLIAM S. HOLT, M.D.

Dr. Gleaton moved to dismiss, with a letter of guidance, the complaint filed against William S. Holt, M.D. (CR 09-462). Dr. Hatfield seconded the motion, which passed unanimously.

A complaint was made to the Board of Licensure in Medicine that four members of an ophthalmology group violated regulations of the FDA/FTC regarding LASIK advertising. Specifically, they indicated patients would be able to achieve clear vision after the surgery so they would not need to use glasses or contact lenses. There was no evidence given for this nor

was there any information regarding indications, risks or limitations. The Board had concerns about the ethics of promotional programs that offer financial incentives to future patients and pressure existing patients for generating referrals. The practicing physicians have appropriately indicated they will cease their advertising/promotional program. The Board concurs that this is the correct decision.

The letter of guidance will state that the Board considers it unethical for physicians to pressure existing, or future patients to generate referrals. This practice could undermine the physician patient relationship.

13. COMPLAINT STATUS REPORT

The Complaint Status Report was reviewed with the Board.

14. CONSUMER ASSISTANT FEEDBACK (FYI)

III. NEW COMPLAINTS

15. CR 09-454

Dr. Dreher moved to dismiss CR 09-454. Dr. Dumont seconded the motion, which passed unanimously.

This complaint centered on a hospitalization during which the patient was being worked up for the acute onset of problems with both physical and emotional symptoms. Her care included several specialists with extensive discussions between them and her primary physician as they considered numerous possible causes. The physician in question ordered numerous tests and made repeated observations of her symptoms. Consideration was appropriately given to the possibility that the symptoms might be of emotional origin and mental health professionals were asked to become involved while the workup progressed. Consideration was given to seeking more specialized testing elsewhere which was found to be unavailable through a direct transfer. It was not until she was discharged and seen elsewhere that a neurologic etiology was found.

The record documents a thoughtful approach to her problems using appropriate consultations to rapidly consider the more feasible possible diagnoses.

16. CR 09-455

Dr. Dreher moved to investigate further CR 09-455. Dr. Nyberg seconded the motion, which passed unanimously.

17. CR 09-489

Dr. Gleaton moved to dismiss CR 09-489. Ms. Holmes seconded the motion, which passed unanimously.

This patient complains that her ophthalmologist missed a diagnosis of cataracts in 2006 and otherwise did not do a complete and thorough examination. Three years later she was diagnosed with cataracts by another physician. The medical records show minimal to no cataract formation in 2006 and document the usual elements of a routine eye examination. The patient is clearly dissatisfied with her one interaction with this physician nearly four years ago, but there is no indication that the physician failed to meet standards of care.

18. CR 09-495

Ms. Clukey moved to dismiss CR 09-495. Dr. Jones seconded the motion, which passed unanimously.

The patient asserts that her former physician charted and billed for a medical procedure that was not performed, that the medical record failed to include a history of cardiac disease, and that unspecified assessments in the medical record are wrong. The physician asserts that she did, in fact, perform a medical procedure, which was correctly billed. In addition, the physician agreed that the electronic medical record omitted the patient's cardiac history, explained the steps taken to ensure complete medical histories are included in the medical record, and apologized to the patient for any misunderstanding. A review of the medical records corroborates the physician's response.

19. CR 09-497

Dr. Nyberg moved to dismiss CR 09-497. Dr. Hatfield seconded the motion, which passed 8-0-0-1 with Dr. Gleaton recused.

The medical director of the practice proposed a proper resolution in this unusual case. Dismissal from the practice was justified, even if awkwardly handled in some respects.

20. CR 09-499

Dr. Hatfield moved to dismiss CR 09-499. Dr. Gleaton seconded the motion, which passed unanimously.

In this case, the patient alleges inappropriate treatment of his mental illness, failure to obtain past records and refusal to prescribe medication that he felt had been helpful in the past. The physician outlined his rationale for the treatment plan. A review of the medical record confirms his approach to the patient's condition was reasoned.

21. CR 09-500

Ms. Clukey moved to dismiss CR 09-500. Dr. Jones seconded the motion, which passed 8-0-0-1 with Dr. Hatfield recused.

The patient asserts that the physician, who originally prescribed him narcotic medications, is now refusing to do so. The physician asserts that the patient's care and treatment with narcotic

medication was transferred to another medical practice, from which the patient was eventually discharged based upon concerns that the patient tampered with a urine sample and failed to bring in his narcotic medication for a pill count. In addition, the physician asserts that she has declined the patient's request for narcotic medication, but has treated him with non-narcotic medications. A review of the record corroborates the physician's response and supports her treatment decision.

22. CR 10-016

Ms. Holmes moved to dismiss CR 10-016. Dr. Jones seconded the motion, which passed unanimously.

The complainant alleges inappropriate prescribing which has resulted in significant side effects for his teenage daughter. The father has visitation rights only, and does not have access to his daughter's medical records. The physician outlines her treatment and the fact that the patient has never reported the alleged side effects. The minor child is accompanied to her appointments by her grandmother who has custody.

23. CR 09-561

Dr. Jones moved to table CR 09-561. Ms. Holmes seconded the motion, which passed unanimously.

24. CR 09-492

Dr. Dreher moved to investigate further CR 09-492. Dr. Nyberg seconded the motion, which passed 8-0-0-1 with Dr. Hatfield recused.

25. CR 09-532

Dr. Jones moved to order an informal conference in the matter of CR 09-532. Ms. Holmes seconded the motion, which passed unanimously.

26. CR 10-040 (Amended off the agenda.)

IV. ASSESSMENT & DIRECTION

27. AD 10-059

Dr. Jones moved to issue a complaint in the matter of AD 10-059 (CR 10-145). Ms. Holmes seconded the motion, which passed unanimously.

28. AD10-075

Dr. Dreher moved to issue a complaint in the matter of AD 10-075 (CR 10-146), to request a 3286 exam, to undertake further investigation, and to notify the physician's current employer of the current allegations. Ms. Holmes seconded the motion, which passed unanimously.

V. INFORMAL CONFERENCE(S)

A. CR 09-341

The Informal Conference Committee moved to dismiss CR 09-341. The motion passed unanimously.

The medical care for the patient was good to excellent. There was little involvement of the family. As his Olgilvie's syndrome progressed there was no clear communication from family and decisions were made appropriate to the physician's perception of what the family wanted.

A family conference could have helped to clarify some of the confusion in this case, and the physician is encouraged to arrange such conferences, especially with families that are not actively involved in their family member's care.

B. CR 09-361

The Informal Conference Committee moved to table CR 09-361. The motion passed unanimously.

C. CR 09-231 ROY A. COBEAN, M.D.

The Informal Conference Committee moved to dismiss, with a letter of guidance, the complaint against Roy A. Cobean, M.D. (CR 09-231). The motion passed unanimously.

This is a complicated case in which a patient required a redo laparoscopic Nissen Procedure and developed multiple new symptoms on post-operative day number one. The patient complains that the surgeon was not responsive to multiple telephone calls and discharged her prematurely after a re-admission on post-operative day number 5 leading to admission to another hospital 2 days later and subsequent exploratory thoracotomy and laparotomy.

Patient alleges that she fired the first surgeon but he kept contacting her and recommending she return to his care. There was a definite loss of trust by the patient based on an initial sense of lack of concern by the surgeon. The patient's concern about difficulty reaching the surgeon and the need for improved access to him for emergencies appears to be valid. In addition, the doctor needs to be aware that patient concerns always require a response even if no medical intervention is likely to be indicated.

D. CR 09-178

The Informal Conference Committee moved to dismiss CR 09-178. The motion passed 7-0-0-2 with Dr. Hatfield and Dr. Dumont recused.

On review of the record and after an informal conference, the Board feels that the physician's medical care was excellent. However, the application of office policies by the practice, and by the health care system that employs the practice is less than adequate.

The physician and his office staff need to review office policies as an ongoing educational activity. Office policies should be available to all patients. Office staff should be more sensitive to patients' needs and rights as protected by office policies.

PUBLIC SESSION

VI. MINUTES OF FEBRUARY 9, 2010

Dr. Hatfield moved to approve the minutes as amended. Dr. Nyberg seconded the motion, which passed 7-0-2-0 with Ms. Clukey and Dr. Dreher abstaining.

VII. NEW BUSINESS

A. ANNUAL REPORT OF THE MEDICAL PROFESSIONALS HEALTH PROGRAM (MPHP)

Gordon Smith, Executive Vice President of Maine Medical Association, Guy Ray, M.D., MPHP Committee Chair, and Cathryn Stratton, Administrative Director of MPHP presented the 2009 Annual Report of MPHP. Mr. Smith announced the staff has been enhanced with Margaret Palmer, Ph.D. as half-time Clinical Director; Mindy Armstrong, RN MSN CARN as a full time case manager, Barbara Farrell, Administrative Assistant, and a new addition of Lani Graham, M.D. who will work part-time as Medical Director and case monitor.

Mr. Smith also presented newly created performance measures, acknowledging Ms. Holmes' request of many years duration.

The Board asked the MPHP to work on workplace guidelines for mentors and monitors.

VIII. BOARD ORDERS & CONSENT AGREEMENT MONITORING & AND APPROVAL

A. BOARD ORDERS (NONE)

B. CONSENT AGREEMENT MONITORING AND APPROVAL

1. CR 07-197 DANIEL BOBKER, M.D.

Dr. Nyberg moved to approve Mark Publiker, M.D. to provide Dr. Bobker's substance abuse treatment and Lawrence Fischman, M.D. to provide mental health care and to be the sole prescriber of any psychotropic medications. Dr. Dumont seconded the motion, which passed 7-0-0-1 with Dr. Hatfield recused and Ms. Clukey out of the room.

2. DANIEL GIUSTRA, M.D.

Dr. Dreher moved to deny Dr. Giustra's request to modify his Consent Agreement as it does not appear that he has acquired adequate specialty related CME, or recent teaching experience. Dr. Jones seconded the motion, which passed unanimously.

3. ROBERT N. PHELPS, JR., M.D. (FYI)

4. CR 07-113/08-100 SERGIO R. RIFFEL, M.D. (FYI)

IX. ADJUDICATORY HEARING (NONE)

X. REMARKS OF CHAIRMAN

A. PROFESSIONALISM IN MEDICINE

The Board discussed a draft document "Professionalism in Medicine" which is an attempt to present a summary of common issues that have come before the Board about which clinicians should be sensitive. The editing process will continue and a second draft will be brought back to the Board for approval prior to posting on the website and in the newsletter.

XI. EXECUTIVE DIRECTOR'S MONTHLY REPORT

A. COMPLAINT STATISTICS

The regular statistical report of complaint management was reviewed. A continuing increase in the number of complaints received was noted, and will be monitored. Long term continued growth in the number of complaints could require consideration of changes to process or Board structure.

B. POLICY REVIEW "PRESCRIPTIVE AUTHORITY FOR PHYSICIAN ASSISTANTS"

The Prescriptive Authority for Physician Assistants policy was discussed to see if any changes were necessary.

Dr. Jones reported back from the PA Advisory Committee meeting held on March 2, that there was a unanimous vote taken to recommend blanket schedule II privileges, per category, on the application by a physician assistant for schedule II privileges, not to include methadone and without delineation on the number of prescriptions anticipated to be issued.

The Committee argues that their recommendation is reasonable because the future review process will require that they will be reviewed every six months along with a Prescription Monitoring Program report to review their prescribing. The Committee feels this is a very aggressive look at what they are doing and how they are doing it. A subgroup of physician assistants felt that it would be impossible for them to know how many prescriptions they would be writing.

The Board raised concerns about the proposal and will work up a list of questions for Dr. Jones to take back to the Committee before further consideration of the proposal.

C. POLICY DISCUSSION: PHYSICIAN DISPENSING

Dr. Cooper reported on research done on physician dispensing which revealed that it is not illegal and even appears to be supported by rulings of the Federal Trade Commission. The Board relies on the American Medical Association's "Code of Medical Ethics", paragraph 8.06 for guidance and based on that the Board discourages the practice. Discussion will continue.

XII. MEDICAL DIRECTOR'S REPORT (NONE)

XIII. REMARKS OF ASSISTANT ATTORNEY GENERAL (NONE)

XIV. SECRETARY'S REPORT

A. List A

1. M.D. LIST A LICENSES FOR RATIFICATION

Dr. Gleaton moved to ratify the Board Secretary's approval of the physicians on List A. for licensure. Dr. Dumont seconded the motion, which passed unanimously.

The following license applications have been approved by Gary R Hatfield, M.D., Board Secretary and staff without reservation:

<u>NAME</u>	<u>SPECIALTY</u>	<u>LOCATION</u>
Barbash, Andrew J.	Neurology	Bangor
Barnes, Arthur D.	Obstetrics/Gynecology	Waterville
Black, Robert M.	Orthopedic Surgery	Not Listed
Dempsey, Peter K.	Neurosurgery	Sanford
Duffy, Michael K.	Obstetrics	Gorham
Hall, Kelli L.	Anesthesiology	Bangor
Hall, Timothy J.	Anesthesiology	York Hospital
Howard III, Robert T.	Obstetrics/Gynecology	Bangor
Jensen, Courtney J.	Radiation Oncology	Lewiston
Liang, Matthew H.	Internal Medicine	Not Listed
LIESS, Benjamin D.	Otolaryngology	Portland
McLaughlin, Timothy T.	Medical Oncology	Bangor
Mazur, Paul R.	Internal Medicine	Belfast/Waldo County
Nattell, Daniel F.	Radiology	Ellsworth
Ringel, Richard H.	Pediatrics	Biddeford
Sastry, Akhilesh	Orthopedic Surgery	Not Listed
Sneff, Heather M.	Family Practice	Not Listed

Staeheli, Bruce W.	Internal Medicine	Caribou
Stovall, Charisse N.....	Anesthesiology	Unknown
Tapia, Angela M.	Internal Medicine	Not Listed

2. P.A. LIST A LICENSES FOR RATIFICATION (NONE)

B. LIST B LICENSES FOR INDIVIDUAL CONSIDERATION

1. BENOIT BLONDEAU, M.D.

The Licensure Committee moved to approve the license application of Benoit Blondeau, M.D. The motion passed unanimously.

2. DAVID L. CASE, M.D.

The Licensure Committee moved to approve the license application of David L. Case, M.D. The motion passed unanimously.

3. HANY ELMADBOUH, M.D.

The Licensure Committee moved to preliminarily deny the license application of Hany Elmadbouh, M.D., with leave to withdraw his license application. The motion passed unanimously.

4. VENKATRAM NETHALA, M.D. – TEMPORARY APPLICATION

The Licensure Committee moved to approve the temporary license application of Venkatram Nethala, M.D. The motion passed unanimously.

C. LIST C APPLICATIONS FOR REINSTATEMENT

1. LIST C APPLICATIONS FOR REINSTATEMENT

Dr. Gleaton moved to approve the physicians on List C for reinstatement. Ms. Clukey seconded the motion, which passed unanimously.

The following license reinstatement applications have been approved Board Secretary Gary R Hatfield, M.D. and by staff without reservation:

<u>NAME</u>	<u>SPECIALTY</u>
Legro, David L.....	Internal Medicine
Tryzelaar, Joan F.....	Cardiothoracics Surgery

2. LIST C – APPLICATIONS FOR REINSTATEMENT FOR INDIVIDUAL CONSIDERATION (NONE)

D. LIST D LICENSE WITHDRAWALS

1. LIST D (1) WITHDRAW LICENSE APPLICATION (NONE)
2. LIST D (2) WITHDRAW LICENSE FROM REGISTRATION

Dr. Gleaton moved to approve the licensees on List D (2) to withdraw their licenses from registration. Dr. Dumont seconded the motion, which passed unanimously.

The following physicians have applied to withdraw their licenses from registration:

<u>NAME</u>	<u>LICENSE NUMBER</u>
Caplan, Hubert I.....	006247
Crowell, Karen L.	015343
Hansen, Richard A.	010210
Hayes, Gerry S.....	007917
Lal, Chitra	017013
Long, John M.....	008259
Wagoner, Stephen.....	012538

3. LIST D (3) WITHDRAWAL FOR INDIVIDUAL CONSIDERATION (NONE)

E. LIST E LICENSES TO LAPSE BY OPERATION OF LAW

The following physician licenses lapsed by operation of law effective January 5, 2010.

<u>NAME</u>	<u>LICENSE NUMBER</u>
Blue, Daniel	012967
Burr, Loew	017248
Fanning, Constance.....	009236
Javed, Muhammad	015980
Karageorge, Kristy	015472
Konduri, Kameswari	018288
Moller, Kenneth	010262
Riffel, Sergio.....	016873
Rodriguez, Carla	016423
Sheikh, Hina.....	017496
Todd, Tamara.....	017137
Troen, Philip	004385

- F. LIST F LICENSEES REQUESTING TO CONVERT TO ACTIVE STATUS (NONE)
- G. LIST G RENEWAL APPLICATIONS FOR REVIEW

1. PETER SIVISKI, M.D.

The Licensure Committee moved to approve the license renewal of Peter Siviski, M.D.
The motion passed 8-0-0-1 with Dr. Hatfield recused.

2. JOHN S. TKACH, M.D.

The Licensure Committee approved the requested extension to take the April SPEX exam.

H. LIST H DELEGATED PRACTITIONER SCHEDULE II REQUEST RATIFICATION (NONE)

1. LIST H DELEGATED PRACTITIONER SCHEDULE II REQUEST FOR INDIVIDUAL CONSIDERATION

a. MICHAEL JUNEAU, PA-C

The Licensure Committee moved to approve schedule II prescribing privileges to Michael Juneau, PA-C. The motion passed unanimously.

XV. STANDING COMMITTEE REPORTS

A. ADMINISTRATION, POLICY & RULES COMMITTEE (NO REPORT)

B. CME, CLINICAL EVALUATION, SPECIAL PROJECTS COMMITTEE (NO REPORT)

C. LEGISLATIVE AND REGULATORY

Mr. Manning provided the Board an update of bills of interest and their status.

D. LICENSURE COMMITTEE (SEE SECRETARY'S REPORT)

E. PHYSICIAN ASSISTANT ADVISORY COMMITTEE

Dr. Jones reported the Physician Assistant (PA) Advisory Committee is looking at the ethical concerns about financial relationships between physician assistants and their supervisors, in particular where the physician assistant employs his/her supervisor. The committee feels there is no definitive way to know how many situations like this exist and suggests putting a check box on the application to collect this information. The committee is concerned that some practices in rural areas might close if there was a prohibition against the PA employing their physician supervisor.

The Board has ethical concerns based on cases the Board has handled in the past in which there were questions raised about possible abuse of power. The Board of Osteopathic Licensure does not allow PAs to employ their supervisors and the Board requested staff to obtain a copy of the Osteopathic rules for review at the next meeting.

XVI. BOARD CORRESPONDENCE (NONE)

XVII. FYI

XVIII. FSMB MATERIAL (FYI)

XIX. OTHER BUSINESS (NONE)

XX. ADJOURNMENT 4:38 p.m.

Respectfully submitted,

A handwritten signature in cursive script that reads "Jean M. Greenwood". The signature is written in dark ink and is positioned above the printed name and title.

Jean M. Greenwood
Administrative Assistant
Board Coordinator